

HOPE VI SOUTH PARK NEIGHBORHOOD HEALTH & SAFETY HOME REPAIR APPLICATION

NOTE:	THE APPLICANT MUST BE THE OWNER AND I PROPERTY MUST BE WITHIN THE SOU		
PERSON	NAL (Head of Household uses first line	.)	
1.	Mr. Mrs. Miss: Last First	· · · · · · · · · · · · · · · · · · ·	Birthdate:
2			
2. 3.	Married () Single () Widowed (Spouse:		Birthdate:
4.	Spouse: Names and Ages of members of househol		
	Age		A
	Age	Age	Ac
5.	Besides your home, do you own other r		
	*This information below is requested		
_	considered in evaluating your applica		
6.	My ethnic origin is: () Hispanic (American () Other		() Black () Nati
7.	Are you (applicant) a female head of	household? () YES	() NO
EMPLO		, ,	. , -
1.	Present Employer:	Address:	
2.	Spouse's Present Employer:	Address:	
3.	Other Employer:	Address:	
PRESE	NT GROSS MONTHLY INCOME (before deduct:		
1.	Head of Household's Gross Earnings -		\$
2.	Spouse's Gross Earnings		\$
3.	Veteran or Retirement Pension, Social	Security,	\$
4.	Welfare, etc. Other Income (Interest, Dividends, Re	ntal. Child	\$
	Support) etc.		
5.	TOTAL MONTHLY GROSS INCOME		\$
LIQUII	D ASSETS		
1.	A. Bank (Name/Office)		
	Savings Account No.:	 	Balance \$
	B. Bank (Name/Office)		
	Checking Account No.:		Balance \$
2.	U. S. Savings Bonds; Stocks and Bonds	- Market Value	\$
3.	Other Liquid Assets (Notes, Cash on E		
4.	TOTAL ASSETS		\$
IS ANY	Y MEMBER OF HOUSEHOLD HANDICAPPED?		
	s, explain:		
	LY DESCRIBE THE TYPE OF HOME REPAIR YOU	UR HOME NEEDS:	

The applicant certifies that all information in this application is given for the purpose of obtaining assistance under the HOPE VI SOUTH PARK NEIGHBORHOOD HEALTH & SAFETY HOME REPAIR PROJECT, and is true and complete to the best of the applicant's knowledge and belief.